



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Domain Bairnsdale

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Domain Bairnsdale in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Domain Bairnsdale is three years until 4 October 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details					
Details of the home					
Home's name:		Domain Bairnsdale			
RACS ID:		4522			
Number of beds:		90	Number of high care residents:		70
Special needs group catered for:			Nil		
Street:		79 Harnham Drive			
City:	Bairnsdale	State:	Victoria	Postcode:	3875
Phone:		03 5152 3744		Facsimile:	03 5152 2555
Email address:		csmbd@domainagedcare.com			
Approved provider					
Approved provider:		Domain Aged Care (Victoria) Pty Ltd			
Assessment team					
Team leader:		Joan Rose			
Team member:		Deanne Maskiell			
Dates of audit:		14 July 2010 to 15 July 2010			

Executive summary of assessment team's report	
Standard 1: Management systems, staffing and organisational development	
Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply
Standard 2: Health and personal care	
Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Domain Bairnsdale
RACS ID	4522

Executive summary

This is the report of a site audit of Domain Bairnsdale 4522 79 Harnham Drive BAIRNSDALE VIC from 14 July 2010 to 15 July 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Domain Bairnsdale.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 14 July 2010 to 15 July 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of [No Assessors] registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Joan Rose
Team member:	Deanne Maskiell

Approved provider details

Approved provider:	Domain Aged Care (Victoria) Pty Ltd
--------------------	-------------------------------------

Details of home

Name of home:	Domain Bairnsdale
RACS ID:	4522

Total number of allocated places:	90
Number of residents during site audit:	83
Number of high care residents during site audit:	70
Special needs catered for:	N A

Street:	79 Harnham Drive	State:	Victoria
City:	Bairnsdale	Postcode:	3875
Phone number:	03 5152 3744	Facsimile:	03 5152 2555
E-mail address:	csmbd@domainagedcare.com		

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Domain Bairnsdale.

The assessment team recommends the period of accreditation be three years.

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		Number
Acting facility manager	1	State compliance manager	1
Facility manager	1	Residents/representatives	30
Clinical coordinators-registered nurses	2	Occupational health and safety representative	1
Registered nurses	2	Education officer	1
Enrolled nurses	4	Fire safety officer	1
Care staff	10	Laundry staff	1
Administration officer	1	Cleaning staff	2
Catering staff	2	Maintenance staff/gardener	3
Lifestyle staff	3		

Sampled documents

	Number		Number
Residents' files	9	Medication charts	12
Summary/quick reference care plans	9	Lifestyle care plans and assessments	12
Lifestyle progress notes	12	Personnel files	10
Resident agreements	8	Supplier contracts	3

Other documents reviewed

The team also reviewed:

- Activity participation sheets for individual residents
- Asset register
- Catering records
- Catheter care records
- Cleaning schedules and records

- Clinical assessments and reviews
- Clinical competencies
- Comments/complaints file
- Continuous improvement files, including plan, schedule, audits, surveys, action plan
- Contractor orientation handbook
- Drugs and poisons permit, 10 November 2009
- Education files, including calendar, attendances and evaluations
- Elder abuse and absconding resident policies, procedures and register
- Evidence files – Standards 1-4
- Falls and incident reports, medication incidents and analysis
- Fire (27 October 2005), essential services (9 July 2010) and building certifications (23 January 2001)
- Fire equipment service records
- Food premises registration – to 31 December 2010
- Food safety audit certificates, 23 February 2010
- Hazards register and risk analysis files
- Infection control records and analysis
- Interim care plans – gastroenteritis outbreak
- Internal and external clinical audits
- Maintenance files – proactive and reactive
- Meeting minutes – occupational health and safety focus groups, resident/relative, staff
- Memoranda
- Menu
- Newsletter
- Observation records
- Pest control records
- Pharmacy reviews
- Policies and procedures
- Resident information handbook and pack
- Restraint assessments/authorities
- Self medicating authorities
- Staff handbook and information pack
- Staff orientation handbook and induction skills program
- Staff rosters, 24 May 2010 -16 July 2010
- Test/tag register
- Vision, mission, values statement
- Wound management records

Observations

The team observed the following:

- Activities in progress
- Barbecue for residents
- Brochures on display
- Cleaning in progress
- Clinical stock and storage
- Equipment and supply storage areas
- External pump area
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and satellite kitchen
- Laundry in operation
- Lifting equipment and mobility aids
- Living environment – internal and external

- Notice of accreditation
- Noticeboards-resident/relative, staff, occupational health and safety
- Outbreak management kits
- Oxygen storage
- Resident interactions with fellow residents
- Resident meal times
- Sharps and waste disposal
- Spill kits
- Staff assisting residents with activities of daily living
- Staff/resident interactions-general
- Staffing assisting residents at meal times
- Staff interactions with colleagues
- Storage and administration of medications
- Storage of medications
- Vision/values statements displayed

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Domain Bairnsdale currently operates an organisational quality improvement system based on scheduled audits and surveys, feedback from meetings and information from comments, complaints, suggestions, hazards and incidents. When a deficit is identified, remedial action is undertaken and further assessment conducted to monitor outcomes. If an audit result is below the organisational required level, it is routinely repeated. Discretionary sustainability audits are conducted at a later time. Short term items are actioned through quality improvement forms while major items are placed on the continuous improvement plan and tracked until completion. Results, which are benchmarked through the organisation, are discussed at relevant regular meetings. Staff and residents are familiar with ways to make comments or suggestion and are generally satisfied with improvements commenting that some items which require Central office approval may take some time.

Recent improvements include:

- Change to organisational continuous quality improvement system to enable more accurate monitoring of improvements
- Rationalisation of personnel files to enable easy retrieval of required information, resulting in closer scrutiny of staff skills and qualifications
- Development and implementation of a police records checks system to enable ongoing monitoring of expiry dates and receipt of renewal certificates to minimise the likelihood of staff working when their checks have expired.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s recommendation

Does comply

The home is apprised of regulatory and legislative matters through a legal update service, membership to professional and industry bodies and liaison with the local government authority. This information is distributed to staff through memoranda, noticeboards and meetings and to residents through meetings and noticeboards. A register of valid police records checks is maintained for staff and volunteers; contractors provide verification of current police checks and this information is recorded.

1.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

An annual training calendar, based on a needs analysis, staff appraisals, current issues, suggestions and identified needs, is developed by the education officer. Attendances are recorded and useful evaluations completed. Staff are required to attend annual mandatory training which includes competency assessment and are also encouraged and supported to upgrade any professional qualifications. Education in relation to management systems and organisational development includes regulatory compliance, conflict management, incident reporting, orientation and current issues in aged care.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

Complaint mechanisms are documented and displayed throughout the home. Suggestion boxes are checked daily and any issues attended to on receipt with a view to mutually satisfactory resolution as soon as possible. Feedback is given to the complainant throughout the action phase and usually by letter on resolution; if appropriate, issues are discussed at resident and/or staff meetings. A complaints record is kept. Residents and staff know about making comments or expressing concerns through appropriate means and said they feel comfortable in approaching management.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

The home's vision, mission and values are documented in staff and resident information packages and are on display within the home. Continuous improvement activities undertaken reflect the home's aims of providing a quality service and a home-like environment which meets the needs of the organisation and its stakeholders.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

Staff are recruited to enable appropriate care of residents at all times and site management is authorised to adjust staffing levels as required. Interviews, police and reference checks are conducted and comprehensive assessed orientation undertaken over a three month period. Appraisals are conducted after three months, at the end of the six-month probationary period and annually thereafter. A minimum of one registered nurse is on duty at all times, supported

by enrolled nurses, endorsed enrolled nurses, personal care assistants and medication competent personal care assistants. Two qualified lifestyle staff, supported by two part-time lifestyle assistants and some volunteers, facilitate a comprehensive resident program seven days per week. Rosters reviewed show no vacant shifts and the inclusion of two recently introduced short care shifts. Feedback from staff is generally positive, however, some feel afternoon shift staffing levels could be improved; this was referred to management. Residents and relatives speak highly of the staff and their prompt attention to their needs.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

The home monitors equipment, goods and stocks regularly to support and maintain good quality service delivery. Both residents and staff confirm and the team noted there are adequate stocks of supplies and equipment. Electrical goods are tagged and an organisational asset register, currently under review, is maintained. Proactive maintenance is conducted according to an annual schedule while reactive maintenance requests are prioritised and actioned by maintenance officers with assistance from the gardener when needed. Completed items are signed off. An out of hours system operates.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's recommendation

Does comply

Personnel files and resident agreements are stored in locked files in restricted access office areas while resident files are stored securely in restricted access nurse stations. Archived documents are stored securely on site and documents for destruction are handled by an approved contractor. Secure document bins are also used and small amounts of materials are shredded on site when appropriate. Senior staff have password protected restricted access to the organisational computer network; care and nursing staff maintain hard copy resident documentation files with information easily located. Information is distributed to staff through meetings, noticeboards and memoranda and to residents mainly through meetings, newsletters and noticeboards.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

Contracts are held at both organisational and site levels. They contain information such as services to be provided, insurance details, professional and trade certifications, occupational health and safety requirements and a termination clause. Police records checks are also required. Contracts are usually let for a set period and are reviewed at this time, pending extension. Information regarding organisational expectations is available for contractors and contractors sign in and out when at the home.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's recommendation

Does comply

A continuous improvement system based on scheduled audits, surveys, comments, complaints, suggestions, hazards and incidents is in place in respect of clinical care. Remedial action is undertaken until satisfactory resolution; further assessment occurs at a later scheduled date. Results are collated, analysed and trended and discussed at appropriate meetings.

Recent improvements include:

- Rationalisation of 'resident of the day' and global reviews to enable staff more accurately monitor resident health status, needs and care, resulting in prompt attention to any identified issues
- Introduction of a guide to effective practice in relation to bowel management and catheter care, resulting in improved care of residents.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's recommendation

Does comply

Systems operate to enable the home to meet its regulatory and legislative obligations. Annual nursing registrations are documented. Information about medication management is available for staff, the home holds a current drugs and poisons permit and medications are stored appropriately. Mandatory annual medication competencies are performed. An absconding resident policy and register have been developed and implemented.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team's recommendation

Does comply

A range of clinical topics such as nutrition and hydration, palliative care, dementia, pain management and medication management is included in the education calendar. Relevant staff undergo clinical competency assessments including medication management and administration as well as clinical skills. The home subscribes to a commercial training program which offers flexibility in training times for staff and provides assessments on topics covered. Staff are encouraged and supported to upgrade nursing and/or care qualifications and express appreciation for this opportunity.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s recommendation

Does comply

The home has systems and processes in place to guide staff in assessing residents’ needs and preferences on entry to the home and on an ongoing basis. Each resident or their representative is invited to participate in care planning development and reviews. Interim care plans are developed by registered nurses on entry with consultation with care staff and the resident or their representative. Interim care plans guide staff in providing care during a formal assessment period. Care plans are reviewed regularly with reassessment of clinical needs occurring in response to changes in resident health status and on regular basis. Clinical care is provided by registered nurses division one, enrolled nurses and personal care assistants. Residents and their representatives confirm satisfaction with how residents’ clinical care needs are identified and the level of care provided within the home.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents with specialised care needs are identified on entry and through regular review by registered nurses. Referrals to specialists such as ‘ostomy’ specialists, dietitians, speech pathologists, occupational therapists, wound consultants and palliative care nurses occur in response to identified needs. Registered nurses are available at all times to provide specialised nursing care and to assist staff in providing care. Care plans are developed to communicate needs, preferences and changes as necessary. Staff confirm specialised care is provided by appropriately trained and qualified staff. Residents and their representatives confirm registered nurses provide specialised care to residents and are satisfied with how the residents’ needs are identified and met.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

Residents are assessed on entry for their individual needs in regard to allied health practitioners and specialists. As resident needs alter new referrals or reviews are initiated. Residents have access to a wide range of specialists and allied health practitioners within the home and through local community services. Recommendations from specialists are incorporated into resident care plans and communicated to appropriate staff. Residents and their representatives express satisfaction with access to specialists and how they are provided with access to them.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

Residents are assessed for the level and type of assistance required for safe medication administration on entry and on a regular basis. Residents wishing to self medicate are assessed and provided with support to do so. Medication reviews are conducted by the residents’ own general practitioner as well as independent pharmacists who visit the home regularly. Medication charts, care plans and records for administering schedule eight drugs are available and used appropriately. Staff responsible for medication administration undertake competency assessments prior to being able to administer medications. Appropriate storage areas are used to ensure medications are stored correctly and in accordance with best practice and legislative requirements. Residents and their representatives confirm satisfaction with how medications are provided.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

Residents are assessed for their history of pain or painful conditions on entry to the home, as their health status changes, in response to complaints of pain and on a regular basis. Care plans are developed and incorporate recommendations from the resident’s general practitioner and other health care providers. ‘As required’ analgesic use, is reviewed regularly by registered nurses and the residents’ general practitioners. Care plans include alternatives to analgesics including position changes, physiotherapy and heat therapies. Residents and their representatives confirm satisfaction with how episodes of resident pain are identified and managed.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

Residents and their representatives are consulted on entry and as the residents’ health care needs alter regarding end of life wishes. Care plans document individual strategies and preferences for the resident concerned. Emotional support is provided by nursing staff, lifestyle staff and counsellors are available. Palliative care specialists are available to visit residents in the home as necessary. Staff confirm attendance at specialist education and the appropriate equipment is available to maintain comfort of residents at this stage of their life.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s recommendation

Does comply

Resident needs, preferences, likes and dislikes are identified through consultation on entry and reviewed as needs alter. Residents are referred to allied health specialists such as dietitians, speech pathologists and occupational therapists. Recommendations are

documented on care plans and within the home for access by appropriate staff. Residents are monitored for weight gain and loss with high protein supplements and extra snacks provided in response to weight loss. Texture modified foods and fluids are available and provided to residents as needed. Adaptive devices such as modified cutlery, rimmed plates and drinking cups with spouts are provided. Residents and their representatives confirm satisfaction with how resident preferences are identified and the standard of meals provided.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s recommendation

Does comply

All residents are assessed for skin integrity risks on entry to the home and on a regular basis during their stay. Reassessments are triggered in response to changing health status. Pressure relief devices are available and in use, based on assessed needs. Fluid and nutritional status is monitored for at risk residents. Wound care is managed by registered nurses. Referrals to wound specialists, dietitians, general practitioners and other allied health specialists occur in response to complex wounds or slow to heal wounds. Care plans and progress notes reflect wound progress; staff confirm attendance at relevant education and access to a variety of wound care products. Mobility aids and equipment are checked to minimise skin tear risks. Incident reports are completed, reviewed and analysed to assist in minimising reoccurrence of skin tears and trauma wounds. Residents and or representatives confirm satisfaction with how resident skin care needs are met.

2.12 Contenance management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s recommendation

Does comply

The home identifies residents’ continence needs and wishes on entry to the home; changes to health status and continence result in reassessment of residents. Residents’ medication use, nutrition and hydration needs are considered in formal continence assessments. Referrals to the continence nurse occur as necessary. Residents with specialised requirements such as stomas or catheters are monitored by registered nurses with care needs reflected on care plans. Residents requiring continence aids are provided with appropriate aids based on assessed needs, over toilet chairs and grab rails are provided to assist residents in remaining independent as possible. Residents and their representatives confirm satisfaction with how residents’ continence needs are managed within the home.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s recommendation

Does comply

Residents with a history of challenging behaviours are identified on entry to the home and residents are reassessed in response to changing or new behaviours occurring. Referrals to aged persons’ mental health specialists occur as necessary. Medication reviews are conducted by the resident’s general practitioner and external pharmacists and mental health specialists. Lifestyle and nursing staff provided interventions according to care plans to minimise or prevent challenging behaviours. Staff confirm access to appropriate education.

Residents and their representatives confirm satisfaction with how resident challenging behaviours are identified and managed by the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s recommendation

Does comply

Residents are assessed on entry to the home by visiting physiotherapists in response to initial nursing assessments. Care plans are developed and include allied health recommendations. Regular reviews of residents are done by nursing and allied health staff. Adaptive devices and mobility aids are provided based on assessed needs. Incident reports are completed, reviewed and analysed to assist in minimising repeat falls. Residents and their representatives confirm satisfaction with how the home assists residents in remaining mobile and as independent as possible for as long as possible.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

Residents’ individual needs and preferences for oral and dental health are identified on entry to the home. Oral care needs including mouth washes, denture and tooth care are reflected on care plans. Residents requiring assistance with oral hygiene are identified and appropriate care is provided. Local dental clinics are accessed by staff to assist in providing oral and dental care to residents. Oral care products are provided to residents based on assessed needs. Residents and their representatives confirm access to dental clinics and that staff provide assistance as needed.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

The home ensures residents with sensory loss are identified on entry to the home. Referrals to specialists occur and access to support services are organised. Clinical and lifestyle care plans include references to sensory loss and its impact on the resident’s ability to be self caring. Staff confirm they have been provided with relevant education to care for residents and their aids. Well lit corridors and hand rails are provided to assist residents to mobilise safely within the home, assistive devices such as magnifiers, extra lights and large-print books were noted to be available to and used by residents. Residents and their representatives express satisfaction with how sensory losses are identified and managed within the home.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s recommendation

Does comply

Residents’ individual needs, preferences, routines and habits are identified on entry to the home for their impact on the resident’s ability to achieve a natural sleep. Care plans reflect individual preferences and rituals with staff able to describe individual resident’s preferences for settling to sleep each evening. Supper drinks and appropriate bedding are provided to ensure residents are comfortable. Residents confirm they are assisted to maintain their preferred settling and rising routines and that they are normally left undisturbed unless necessary.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Continuous improvement related to resident lifestyle is monitored through surveys, comments, complaints, suggestions, incidents and meetings. Action is implemented in response to an identified deficit until a satisfactory outcome achieved and further assessment monitors sustainability when appropriate. Results are collated, analysed and discussed at relevant meetings.

Recent improvements include:

- Reorganisation and rationalisation of shared bus use for resident outings resulting in more outings for residents which are greatly enjoyed
- Review of lifestyle program in conjunction with other diversional therapists in the area, resulting in a more holistic approach to provision of activities, thus increasing the number of activities provided, to enable all residents to participate in activities of their choice.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s recommendation

Does comply

Regulatory requirements related to resident lifestyle are met through the provision of information in the resident handbook, resident agreements and information displayed throughout the home. Information includes security of tenure, care and services provided, rights and responsibilities and complaint mechanisms. An elder abuse policy and procedure are in place.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

In relation to resident lifestyle education includes topics such as choice and decision making, cultural diversity, activities for residents with dementia conditions and Eden philosophy. Discussion occurs at meetings and handovers as appropriate. Staff interactions with residents regarding privacy, dignity and decision making are constantly observed and monitored by senior staff with immediate follow-up when necessary. Lifestyle staff attend area meetings and are able to attend conferences.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

All potential residents and their representatives are offered entry tours of the home and provided with information packs prior to moving into the home. New residents are encouraged to personalise their rooms to assist them feel at home. On entry each resident is introduced to their fellow residents and provided with support to adapt to living within the home. Friends and families are encouraged to visit regularly. Ongoing emotional support is provided by care and lifestyle staff with support of local community services. Assessments and care plans are developed to reflect the individual and special needs of residents. Residents and their representatives confirm that the residents are supported emotionally at all times.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Residents are assessed for their individual needs and preferences in relation to maintaining their independence safely. Care plans are developed to reflect individual abilities and include level of assistance required for activities of daily living. Residents are encouraged and supported to maintain contacts within the wider community and to participate in events outside of the home. Where residents are unable to attend external events or activities the home actively liaises with the local community to provide services within the home. Information on advocacy services and complaints systems is available to residents and their nominated advocate or power of attorney. Residents who require assistance to communicate in languages other than English are provided with information in their preferred language. Residents and their representatives confirm satisfaction with how the home assists residents to remain as independent as possible for as long as possible.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's recommendation

Does comply

Systems are in place to ensure residents' right to privacy and dignity is maintained and confidentiality assured. Information on privacy, dignity and confidentiality is provided to residents through the home's agreement and resident information pack. Policies are available to guide staff in ensuring residents' privacy and dignity is maintained. Residents' clinical care is provided in appropriate areas and access to resident files is restricted to authorised staff to support resident confidentiality. Staff were observed interacting with residents in a respectful and caring manner with residents' clinical and personal care provided in private. Residents and their representatives confirm that staff provide care in appropriate areas and treat residents with respect.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

A lifestyle profile is commenced for each resident by the resident and family prior to the resident commencing at the home; additional information is collected after this and details are adjusted as required thereafter. Under a recently introduced organisational system, simplified documentation records general lifestyle goals and lists activities that are likely to meet these goals. Attendances, participation and evaluations are recorded regularly and a note is also included in the clinical file progress notes for care and nursing staff to encourage a holistic approach to care and lifestyle for each resident. The comprehensive program includes a number of activities in each wing Monday to Friday, with fewer planned activities at weekends at the request of residents. Lifestyle staff plan and facilitate activities through large and small groups and one-to-one activities. Activities include Bingo, word games, bus outings, lunch at the local war veterans club and fishing in the local river. Information about activities is clearly displayed through the home and the team noted some residents participating in Bingo, others enjoying a barbecue lunch and later in the day listening to a live concert. Residents said there is a wide range of activities from which to choose, however, stressed they do not have to attend or participate unless they wish to do so.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

On entry to the home an assessment of each resident's individual requirements relating to cultural and spiritual preferences is undertaken by the home. Residents from culturally diverse backgrounds are encouraged to maintain links with their communities. The home conducts services and celebrations, culturally specific days and other events based on the residents' choices. Culturally appropriate food is offered as required. Church services are offered within the home regularly and residents are assisted to attend depending on their preferences. Information on caring for residents from diverse cultures is available and used by staff in providing care. Residents and their representatives state they are satisfied that the cultural and spiritual needs of residents are met by the home.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents' preferences and choices regarding care and other services are assessed and documented on entry to the home. Care plans and social profiles consistently include documented preferences relating to all aspects of care, interests, emotional support, and spiritual needs. Residents are encouraged to bring items of furniture and personal mementoes to decorate their rooms. Residents are encouraged to make decisions about their daily activities such as rising and settling times, leisure activities, clothing preferences and foods. The team noted residents have access to their choice of general practitioner and

other health related services. Residents and their representatives were complimentary of the home's approach in promoting residents choice and decision making.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

Security of tenure, resident rights and responsibilities, complaint mechanisms, privacy as well as care and services provided are documented in resident handbooks, resident agreements and accompanying documentation. The differentiation of care and services for residents receiving low care, high care and extra services is clearly documented. The charter of rights and responsibilities is also displayed. Residents indicate awareness of requirements related to living in a shared environment and speak of being part of a large family or small community with the need for 'give and take'.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Physical and safe systems are monitored through hazard and incident reports, workplace audits and maintenance registers. An identified deficit is monitored until resolution and further assessed at a later time for sustainability on a discretionary basis. Results are analysed, trended and discussed at relevant meetings.

Recent improvements include:

- Commencement of carpet replacement throughout the building for the comfort and safety of residents, relatives and staff
- Installation of air conditioning in specified areas of the home to improve working conditions for staff
- Installation of blinds in the glass-walled ‘link way’ between wings of the home to reduce temperatures in hot weather and increase the comfort of residents and staff
- Allocation of an office for lifestyle staff to enhance preparation and documentation related to activities and enable lifestyle staff spend more time with residents.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s recommendation

Does comply

Systems are in place to enable the home to meet its regulatory and legislative requirements. Current fire and building certifications are held. Occupational health and safety representatives have been appointed. Material safety data sheets and work placer injury notification posters are displayed. Annual independent food audits are conducted and staff who handle food have appropriate qualifications. Laundry and cleaning staff have training relevant to their roles.

4.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

The training calendar related to safe systems and physical environment includes assessed annual mandatory training such as manual handling, emergency evacuation procedures and infection control. Hand-washing competencies are also assessed and staff undertake training in relation to security procedures for the home. Catering staff have food handling qualifications while cleaning and laundry staff are trained in the use of relevant chemicals. Occupational health and safety representatives confirm attendance at a refresher course. Staff demonstrate knowledge and understanding of their roles.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

The home, in two main wings joined by a covered in link-way accommodates up to 90 residents with high and low care needs, in mainly single rooms with *en suite* bathrooms facilities and single rooms with shared bathrooms and toilets. The home is clean, light, well maintained and comfortably furnished, with a number of small sitting areas overlooking garden areas. Shared lounge and dining areas reflect homely décor and displayed artworks create an interest focus for residents, staff and visitors. Residents said they enjoy the garden areas in and around the home, commenting they feel happy and secure in their lodgings.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

Management and staff demonstrate knowledge and awareness of occupational health and safety and demonstrate safe working practices. Trained occupational health and safety representatives, who maintain the staff room occupational health and safety noticeboard, also undergo refresher training. Occupational health and safety quality audits and environmental audits are conducted regularly; risk assessments are completed as required. Incident reports are collated, analysed, trended and results presented at relevant meetings. Staff confirm the requirements for annual competency assessed compulsory training.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation

Does comply

Staff demonstrate awareness of the procedures for emergency evacuation and clearly identified maps are displayed throughout the home. Fire systems are in place and regularly maintained; fire exits are signed, free from obstruction and keypads linked to the fire system. Sign in books are kept at the entrance to each wing and main reception is manned during business hours. The building is closed overnight for the safety of residents and staff and entry at this time is by code and/or doorbell at the main entrance. Residents confirm that external doors are locked by staff at night.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's recommendation

Does comply

The home has effective systems in place supported by internal policies and procedures to identify and manage infections and potential infectious outbreaks. Data is collected and analysed to assist the home in identifying potential outbreaks and to manage resident infections. Infections are logged and reviewed to ensure appropriate treatment and

interventions occur. Immunisation programs are in place and offered to residents and staff appropriately. Residents prone to infections are identified and care plans developed to minimise risks and to assist staff in identifying infections. Cleaning processes are in place and appropriate personal protective equipment is available. Appropriate containers are available for disposal of rubbish and sharps. Clean and dirty linen and personal clothing were observed to be stored and handled appropriately. Pest control services regularly attend the home. Staff have attended relevant education. Residents or their representatives confirm that resident infections are identified and treated promptly.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

The home has effective systems in place to ensure that hospitality services are provided according to policy, in accordance with relevant regulations and legislation and as required by the residents and the home. Third party catering and council audits have been undertaken. Catering services are provided with menus tailored to meet the needs of residents. Cleaning is completed according to documented schedules and additional cleaning occurs in response to feedback. Laundry services are provided in house with labelling services offered. Staff have completed relevant education. Residents and their representatives express high levels of satisfaction with how hospitality services are provided within the home and of the friendliness of staff.